



Camp Sign Up Form

Name: _____ Age: _____

Email Address: _____

Address: _____

Riding Level (circle one): Beginner Intermediate Advanced

Emergency Contact (Name & Number): _____

Health/Learning/Physical limitations: _____

Please circle which session(s) you would like to enroll in:

June 19th-23rd June 26th-30th

July 3rd-7th July 24th-28th

July 31st-Aug 4th

Sessions Run 9am-2pm: \$500

\$100 deposit is required to hold your spot for camp. The remaining balance will be due on the first day of the camp.

Payment Options: Venmo, Cash or Check: Please have checks made out to Twin Brook Stables
Venmo: twinbrook-stables

For New Students: Please sign and return the liability waiver on page two and three

Helmets are provided but please make sure your child is wearing appropriate footwear, including a boot with a heel for riding. Jeans or leggings are required - No shorts! A change of clothes can be brought when they are not riding.

If you have any questions please contact Danielle at twinbrookstables@gmail.com or 860-304-6355.

Please drop off, email or mail this form along with payment to:

**Twin Brook Stables
250 Killingworth Turnpike
Clinton, CT 06413**



Release of Liability and Hold Harmless Agreement

Please carefully read and initial each paragraph as you approve it.

I _____, am fully aware and fully understand that all horses are unpredictable and potentially dangerous. I realize that placing my children, or myself in a stable's environment has inherent dangers.

Initial_____

I understand that riding horses or ponies can be a dangerous sport. I am aware that riders must expect to be injured from time to time. I understand that death of people from equestrian accidents is possible.

Initial_____

I realize that professional instruction cannot prevent serious injury or death from working around, handling, or riding horses and ponies.

Initial_____

I release Twin Brook Stables, LLC, its owners, trainers, and employees from all liability for damage to my property, injuries or death of my children, my animals, or myself.

Initial_____

Twin Brook Stables, LLC, its owners, employees, and associates, have my permission to initiate emergency first aid treatment for my children, my animals, and myself in case of an accident. They also have my permission to authorize emergency medical treatment by qualified medical personnel for my children or myself, and veterinary treatment by qualified veterinary personnel for my animals.

Initial_____

I understand that I am fully responsible for any guests that I may have on the property. I understand that I am fully responsible for fully informing the guest of all risks related to the handling or riding of horses. I understand that I am fully responsible for informing guests about horse's temperament, training, habits, and for determining that the guest is sufficiently experienced to ride the horse.

Initial_____

I have carefully read each paragraph listed above and understand its contents.

Warning: Under Connecticut law, Public Act # 93-286

“each person engaged in recreational equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, unless the injury was proximately caused by the negligence of the person providing the horses to the individual engaged in recreational equestrian activities or the failure to guard or warn against a dangerous condition, use, structure, or activity by the person providing the horse or horses or his agents or employees

The undersigned assumes the unavoidable risks inherent in all horse-related activities, including, but not limited to bodily injury and physical harm to horse, rider, guest, and/or spectator. The undersigned agrees to the above and release and indemnify Twin Brook Stables, instructors, horse owners, and its employees from all liability for any injuries he/she sustain while participating in equestrian related activities, as well as, riding lessons.

A 24-hour cancellation notice is required, or the lesson may be forfeited.

If under 18, the parent or guardian must read and sign the above, indicating his/her acceptance. Please write legibly.

Print Students Name:

_____ DOB: _____

Date: _____ Signed: _____

Print Participant Name: _____

Date: _____ Signed: _____

Print Parent/guardian (if minor): _____